



**BODY COMPOSITION AND DYSLIPIDEMIA IN
NEW HYPERTENSIVES DIAGNOSED AT MOI
TEACHING AND REFERRAL HOSPITAL,
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A thesis submitted in part fulfilment of the requirement for the degree of
Masters of Medicine in Internal Medicine, Moi University.

2011



ABSTRACT

Background: There is renewed global concern about “diseases of modern living”. Human body composition has tended towards adiposity as lifestyles increasingly favor physical inactivity and unhealthy diets. Epidemiologic evaluation of cardiovascular disease (CVD) risk factors, like obesity and dyslipidemia, in diverse populations is vital in their control. However, most studies have been done in developed countries and mostly in diabetics with hardly any in hypertensive patients or in Western Kenya.

Objective: To determine the prevalence of dyslipidemia and obesity in new hypertension patients attending MOPC at MTRH.

Study subjects and site: Consenting hypertensive patients attending MOPC at MTRH.

Study design: A cross-sectional study

Methods: Consecutive newly diagnosed hypertensives had their socio-demographic data documented, blood drawn (for lipid profile) and anthropometric measurements taken before undergoing Body Impedance Analysis (BIA). Descriptive statistics were then computed.

Results: A total of 218 patients were assessed with a median age 52 years. Fifty six percent of them were females. Most (86.5%) presented in stage 2 hypertension. Majority (40.9%) were overweight, 27.9% were obese, 30.7% healthy range and 0.5% underfat. Central adiposity was found in 55%. Obesity was more common in females than males (30% vs 24%). The commonest dyslipidemia was low HDL-C (69.3%) followed by elevated LDL-C (59.0%), Total Cholesterol (42.9%) and Triglycerides (8.3%). Overall, 79.8% had at least one dyslipidemia with 50.7% possessing combined dyslipidemia. The commonest combination was elevated LDL-C and Total Cholesterol at 41.3%.

Conclusions and recommendations: Majority of new hypertensives have a more adipose body composition and are dyslipemic. Early identification and management of these conditions is recommended.